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SERIAL NUMBER 10/798,786	FILING DATE 03/10/2004 RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. ENDOV-67986
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APPLICANTS

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** CONTINUING DATA *****

yes - R/W

This application is a CON of 09/534,786 03/24/2000 PAT 6,719,778

** FOREIGN APPLICATIONS *****

none - P/Os

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Roy W. Gibson</i> Initials				

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TITLE

Methods for treatment of aneurysms

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED 954	No. _____ for following:	<table border="1"><tr><td data-bbox="1024 147 1468 205"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1024 205 1468 264"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1024 264 1468 321"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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